



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
REAL ESTATE COMMISSION  
PO Box 328  
TRENTON, NJ 08625-0328

JAMES E. MCGREEVEY  
Governor

Tel (609) 292-7053  
Fax (609) 292-0944

HOLLY C. BAKKE  
Commissioner

**CHANGE OF ADDRESS**

Name of Firm \_\_\_\_\_ Telephone \_\_\_\_\_

Old Address \_\_\_\_\_

New Address \_\_\_\_\_

(For Multi-Office Buildings include Suite or Room Number)

County \_\_\_\_\_ Effective date of new address \_\_\_\_\_

Is this location a private residence? Yes \_\_\_\_\_ No \_\_\_\_\_

(If answered yes, please submit a letter that you are familiar with N.J.A.C. 11:5-4.4(b) and your office is in compliance with this rule.)

Do you share an office with another broker or firm? Yes \_\_\_\_\_ No \_\_\_\_\_

(If answered yes, please submit a letter from the lease holder/owner stating that you have permission to use said address and that you maintain your own files and telephone.)

Escrow/Trust Acct. # \_\_\_\_\_ Bank Name \_\_\_\_\_

Gen. Business Acct. # \_\_\_\_\_ Bank Name \_\_\_\_\_

**PURSUANT TO N.J.S.A.45:15-13, ALL ORIGINAL LICENSES MUST BE RETURNED FOR CORRECTION. NO PERSONAL CHECKS.** MAKE CHECK PAYABLE TO: STATE TREASURER OF N.J. YOU MAY SUBMIT ONE CHECK FOR THE ENTIRE AMOUNT. FEES ARE LISTED BELOW:

CORPORATION/PARTNERSHIP	\$50.00	BROKER/SALESPERSON	\$10.00
SOLE PROPRIETOR (EB)	50.00	SALESPERSON	10.00
BROKER-OF-RECORD	10.00		

**BROKERS WITH TRADE NAME OR PARTNERSHIPS:** A NEW TRADE NAME CERTIFICATE MUST BE FILED IN THE COUNTY THAT YOU ARE DOING BUSINESS. CERTIFICATE MUST ACCOMPANY THIS FORM. **(NOT APPLICABLE TO CORPORATIONS AND LLC.)**

**VERY IMPORTANT - OUT OF STATE BROKERS:** PLEASE RETURN A LETTER OF CERTIFICATION FROM THE REAL ESTATE COMMISSION IN YOUR HOME STATE, STATING THAT YOUR CURRENT LICENSE WAS ISSUED TO YOUR NEW ADDRESS.

Broker's signature \_\_\_\_\_

Date \_\_\_\_\_